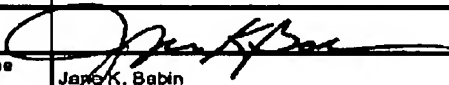
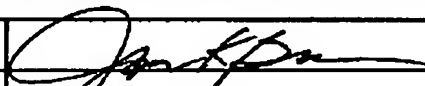


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|---|----------------------|------------------------|--|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Patent Number | 7,153,375 | RECEIVED CENTRAL FAX CENTER |
| | Issue Date | December 28, 2006 | |
| | First Named Inventor | Kelth Weinstein | JUN 29 2007 |
| | US Class | 148/430 | |
| | Examiner Name | George Wyzomski | |
| Total Number of Pages in This Submission | 2 | Attorney Docket Number | 101-00202 |

| ENCLOSURES (Check all that apply) | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | | |
|--|---|----------|--------|
| Firm Name | The Law Office of Jane K. Babin | | |
| Signature |  | | |
| Printed name | Jane K. Babin | | |
| Date | June 29, 2007 | Reg. No. | 47,224 |

| CERTIFICATE OF TRANSMISSION/MAILING | |
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| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | |
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| Date | June 29, 2007 |

JUN 29 2007

**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------------|
| Patent Number | 7,153,375 |
| Issue Date | December 28, 2006 |
| First Named Inventor | Keith Weinstein |
| US Class | 148/430 |
| Examiner Name | George Wyszomierski |
| Attorney Docket Number | 101-00202 |

I hereby revoke all previous powers of attorney given in the above-identified application.☐ A Power of Attorney is submitted herewith.**OR**☒ I hereby appoint the practitioners associated with the Customer Number:

000071008

☐ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR☐ Firm or
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I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Keith Weinstein

Date

5/24/07

Telephone

(213) 689-4872

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ *Total of _____ forms are submitted.